

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 125
Registered No. 144

1. PLACE OF BIRTH

County Gila

State _____

District or Township _____

or Village _____

City GlobeNo. Gila County Hospital

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank. Reed

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate?

Yes

7. Date

of birth June 1 1925
(Month Day Year)

5. No., in order of birth _____

8. FATHER

Full name George A Reed

9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

10. Color or race

White11. Age at last birthday 39 (Years)

12. Birthplace (city or place)

(State or country)

Unknown
U.S.A.

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name May Clark

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

16. Color or race

White17. Age at last birthday 38 (Years)

18. Birthplace (city or place)

(State or country)

North Platt. Neb.

19. Occupation

Nature of industry Housewife20. Number of children of this mother 10(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 5(b) Born alive but now dead 5(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born

(Born alive or stillborn.)

at 10:15 A m. on the date above stated*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature W. W. HorstGlobe Ariz

(Physician or midwife).

Given name added from
a supplemental report.

Month, day, year

Address _____

Registrar

Filed June 21 1925

Registrar

694-601-432
Baby lived one day. Died of Congenital malformation of heart.
(Blue Baby)